



# State of Arizona - NOTARY PUBLIC APPLICATION

Secretary of State – Attn: Notary Section, 7th Floor  
1700 W. Washington Street, Phoenix, Arizona 85007

**FEE: \$25.00**

## PLEASE PRINT & FILL OUT YOUR APPLICATION COMPLETELY.

An incomplete application will delay your notary commission.

Make checks payable to: **SECRETARY OF STATE**

PLEASE NOTE! The issue date on your bond must be no more than 60 days before or 30 days after the day your new commission begins. The expiration date on your bond must be one day less than the effective date. The application process takes approximately six weeks.

### Check One

☐ **New Appointment**

☐ **Reappointment (If reappointment, include on the line below the full name under which you were last commissioned as an Arizona notary.)**

Commission # \_\_\_\_\_

## PLEASE DO NOT LEAVE ANY BLANKS. RESPOND WITH EITHER "N/A" OR "NONE" WHEN APPLICABLE, OTHERWISE APPLICATION WILL BE REJECTED

Last Name	First Name	Middle (If Used)	Your social security number	
Mailing Address		City	State	Zip Code
Home (Physical) Address		City	State	Zip Code
County of Residence		Home Phone (Include Area Code)		
Business Name				

Business Address (A BUSINESS ADDRESS IS <b>REQUIRED</b> AND IS A PUBLIC RECORD)			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Business Phone (include area code)	City	State	Zip Code	

Please answer the following questions.	YES	NO
1. Have you ever been convicted of a felony or a lesser offense involving moral turpitude or of a nature that is incompatible with the duties of a notary public? If the answer to #1 is "Yes," have you had your civil right restored? If "yes", you must provide us with proof of the restoration of your civil rights.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a professional license revoked, suspended, restricted, or denied for misconduct, dishonesty, or any cause that substantially relates to the duties or responsibilities of a notary public?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a notary commission revoked, suspended, restricted, or denied in this state or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you an Arizona resident, claiming your Arizona residence as your primary residence for state and federal tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been commissioned as a notary public in any other state or jurisdiction? (If "yes", please specify the location(s) to the right:	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above information is true and correct, that I have read and understand and swear to uphold the laws pertaining to notaries public.	Signature of Applicant: (Your name must be entered and signed <i>exactly</i> the same on this application as on your bond.)
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State of Arizona )  
County of \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day  
of \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public